

RECEIVED
CENTRAL FAX CENTER
MAR 31 2005

**A LIQUID CRYSTAL DISPLAY HAVING COLOR FILTERS WITH RECESS
STRUCTURES**

Appl. No. : 10/605,416 Confirmation No. 2415
Applicant : Jui -Mei Hsu
Filed : September 30,
: 2003
TC/A.U. : 2871
Examiner : (Nancy)
Thanh-Nhan P
Nguyen
Docket No. : CMOP0024USA0
Customer No. : 27765

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

- 5 In response to the Office action of December 01, 2004, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims that begin on page 4 of this paper.

- 10 Remarks/Arguments begin on page 8 of this paper.

04/11/2005 DEVANS 00000004 503105 10605416

01 FC:1251 120.00 DA
02 FC:1202 450.00 DA

1

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10605416

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20 =	—
INDEPENDENT CLAIMS	2 minus 3 =	—
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X		OR	X	
X		OR	X	
+		OR	+	
TOTAL		OR	TOTAL	750

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	3/31/05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	29	Minus	20 = 9
Independent	3	Minus	3 = —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X 25		OR	X 50	450
X 100		OR	X 200	
+	180	OR	+	360
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	450 pd

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total		Minus	
Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X		OR	X	
X		OR	X	
+		OR	+	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total		Minus	
Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X		OR	X	
X		OR	X	
+		OR	+	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.